

**October 11, 2005**

# **Montana Medicaid Notice**

## **Physicians, Mid-Level Practitioners, Physical Therapists, Occupational Therapists, and Home Health, DMEPOS, Nursing Facility, and Home and Community Based Services Providers**

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### **Wheelchair CMNs—Transition Instructions**

Effective for dates of service on or after *November 1, 2005*, Montana Medicaid will no longer require Certificates of Medical Necessity (CMNs) for power wheelchairs, power operated vehicles (POVs) and related accessories. On August 21, 2005, the Centers for Medicare and Medicaid Services (CMS) announced its plan to eliminate the power wheelchair, POV and related accessory CMN in light of recent changes in the coverage criteria for such.

DMEPOS suppliers must obtain a written prescription in accordance with Administrative Rule of Montana (ARM) 37.86.1802. Suppliers should also maintain supporting documentation that supports the patient meeting the Medicare wheelchair coverage criteria. Supporting documentation could include a history, physical examination, diagnostic tests, summary of findings, diagnoses, and treatment plans.

### **Contact Information**

For claims questions or additional information, contact Provider Relations:

**Provider Relations toll-free in- and out-of-state: 1-800-624-3958**

**Helena: (406) 442-1837**

Visit the Provider Information website:

**<http://www.mtmedicaid.org>**